

APPLICATION
FOR
UNITED STATES LETTERS PATENT

PATENT APPLICATION

SPECIFICATION

TO ALL WHOM IT MAY CONCERN:

Be it known that Joseph H. Sklar of 210 Park Drive,
Longmeadow, Massachusetts 01106 has invented certain
improvements in LIGAMENT SHIM of which the following
description is a specification.

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LIGAMENT SHIM

This patent application claims benefit of pending prior U.S. Provisional Patent Application Serial No. 60/143,241, filed 07/09/99 by Joseph H. Sklar for LIGAMENT SHIM, which patent application is incorporated herein by reference.

A ligament is a piece of fibrous tissue which connects one bone to another.

Ligaments are frequently damaged (e.g., detached or torn or ruptured, etc.) as the result of injury and/or accident. A damaged ligament can impede proper motion of a joint and cause pain.

Various procedures have been developed to repair or replace a damaged ligament. The specific procedures used depend on the particular ligament which is to be restored and the extent of the damage.

One ligament which is frequently damaged as the result of injury and/or accident is the anterior cruciate ligament (ACL). The ACL 2 extends between the top of the tibia 4 and the bottom of the femur 6 (Fig. 1). A damaged ACL can cause instability of the knee joint and cause substantial pain and arthritis.

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Numerous procedures have been developed to restore the ACL through a graft ligament replacement. In general, these ACL 2 replacement procedures (Fig. 2) involve drilling a bone tunnel 8 through the tibia 4 and up into the femur 6. Then a graft ligament 10, consisting of a harvested or artificial ligament or tendon(s), is passed through the tibial tunnel 12, across the interior of the joint, and up into the femoral tunnel 14. Then a distal portion of the graft ligament is secured in the femoral tunnel 14 and a proximal portion of the graft ligament is secured in the tibial tunnel 12.

There are currently several different ways to secure a graft portion in a bone tunnel. One way is to use an interference screw 16 (Fig. 2) to aggressively wedge the graft ligament against the side wall of the bone tunnel. Another way is to suspend the graft ligament in the bone tunnel with a suture 18 (Fig. 3) or a cross-pin 20 (Fig. 4). Still another way is to pass the graft ligament completely through the bone tunnel and affix the ligament to the outside of the bone with a screw and washer arrangement 22 (Fig. 2) or a staple (not shown).

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Depending on the fixation device and its manner of use, some fixation will occur at the portion of the bone tunnel nearest to the interior of the joint, and some fixation will occur intermediate the bone tunnel or adjacent to the portion of the bone tunnel farthest from the interior of the joint. For example, an interference screw 16 set into the femur 6 will typically be positioned substantially adjacent to the interior of the joint 26 (Fig. 5); however, an interference screw 16 set into the tibia 4 will frequently be positioned relatively far from the interior of the joint 26 (Fig. 6). On the other hand, suture 18 (Fig. 3) and cross-pin 20 (Fig. 4) suspensions will typically effect securing intermediate the length of the bone tunnel or at the far end of the bone tunnel, and screw and washer fixations 22 (Fig. 2) will typically effect securing relatively far from the interior of the joint 26.

It has been observed that whenever the graft ligament is secured remote from the interior of the joint 26 (i.e., in the middle of the bone tunnel or adjacent to an outer surface of the bone), the graft ligament 10 will be relatively unsupported at the point

where the ligament 10 passes from the bone tunnel into the interior of the joint. As a result, as the knee flexes back and forth through its natural range of motion (Fig. 7), the graft ligament moves about within the mouth 28 of the bone tunnel, rubbing against the walls of the bone tunnel. Over time, this can cause damage to the graft ligament and the wear down the mouth 28 of the bone tunnel, both to the serious detriment of the patient. It can also result in enlargement of the entire tunnel diameter, e.g., as show at 30. Less than a tight fit may result in incursion of synovial fluid into the tunnel, which is hypothesized to contribute to the tunnel-widening phenomenon.

The solution to this problem is to provide a shim 32 for insertion into the mouth 28 of the bone tunnel (Fig. 8). The shim 32 is formed and sized so as to take up additional space present at the mouth 28 of the bone tunnel and, at the same time, to urge the ligament against the opposing side walls of the bone tunnel. By taking up additional space at the mouth of the bone tunnel, the aforementioned windshield wiper effect can be effectively eliminated. In addition, the entrance

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tunnel wall, rather than to replace an interference screw.

The ligament shim can take the form of two basic embodiments; a peripheral shim 34 and a centerline shim 36.

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The peripheral shim 34 is adapted to fit between the graft ligament 10 and a wall of the bone tunnel (Fig. 9). Thus, the shim effectively provides an extension of the bone wall which it lies against, so as to eliminate the windshield wiper effect discussed above. In one form of the invention, the shim 34 is intended to be held in place through a simple friction fit between the wall of the bone tunnel and the graft ligament. If desired, the shim can be tapered (Figs. 8 and 9) so as to give it a wedge-like configuration and/or the surfaces of the shim can be configured with ribs and/or roughening so as to increase friction with the adjacent anatomy. In another form of the invention, the shim can be suspended by a suture 38 which passes through a shim hole 39 (Fig. 10). Preferably, a shim has at least its outer surface in the shape of an arc (Fig. 11), so that it can conform to the round bone tunnel wall. In one embodiment, the

shim has both its inner and outer surfaces in the shape of an arc 42 (Fig. 11A), so that it can conform to both the round bone tunnel wall and the round graft ligament. If desired, more than one shim can be applied about the periphery of the mouth of the bone tunnel. Alternatively, a single shim can be constructed so that it covers a significant portion of the periphery of the bone tunnel wall.

In some circumstances, the graft ligament consists of single strand of tissue (Fig. 9). In other circumstances, the graft ligament consists of two or more strands 44 of tissue which extend parallel to one another so as to collectively form the graft ligament 10 (Fig. 12). For example, suture and cross-pin suspensions are typically created by looping a long hamstring graft 44 over a suture loop or cross-pin; in this case, there are two graft ligament strands extending parallel to one another in the bone tunnel. The centerline shim 36 is adapted to fit between two such graft ligament strands 44. The centerline shim 36 can be maintained in place through a simple friction fit between the two ligament strands 44 (Fig. 12). Again, the shim can be tapered along its

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Both the peripheral shim and the centerline shim also provide a benefit beyond simply curing the aforementioned windshield wiper effect. More specifically, at the same time that the shims take up excess room within the bone tunnel, they also urge the graft ligament into engagement with the walls of the

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